

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

X678

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establish	ment Name	- -		m.i i v			
		Λ	<u>like` N' Cheese</u>	Telephone Number 502-548-6845	(mm/dd/yr)	RMIT#	
Establish	ment Addr	ess (n	umber and street, city state zin anda)	302-018	6-27-20 T	<i>20</i> 23	
6/	<u>I W.</u>	ν	tica St Sellers burg IN 47172		-	23	
Owner				Purpose:	Follow-up Release Date		
Michael Mullins Owner's Address				1. Routine	NO		
611 W. Utica				2. Follow-up	Summary of Violations:		
Person in	Charge			3. Complaint	1	.	
/	Mike		40/1,100	4. Pre-Operational	CO NC S	$R \leq S$	
Responsib	le Person's	E-ma	ail	5. Temporary	Menu Type (See back of pag	ra)	
Contigua	2134-			6. HACCP	ype (eee outon by pug	<i>E)</i>	
Certified F	ood Mana	ger Co	lizity China Hizari	7. Other (list)	123\sqrt{4}	5	
Fe 121ty Grimes 11-13-24 1_2_3V4_5							
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" Section 4. CONG. 1. D. 1. C. 1.							
Section#	C/NC	R		IMARY OF VIOLATIONS" AN	D IN THE NARRATIVE BELOV	W AS "R"	
Beetlonn	C/IC	K	Narrative Narrative		To Be Correcte	ed By	
	<u> </u>	_	- 1/2 1:11:acc				
			- No Violations -				
		- +					
				 -			
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		-+					
Received by (name and ti	tle nei	inted):				
	in in the first	=-	Tess Mullins Ins	spected by (name and title prin Thomas Sn	ider, EHS		
Received by (signature):	~	M. Or Ins	spected by (rignature):	iver, LID		
		1	ess/Vullus	Hums	12-1		
c:		_	cc:		G no		
					<u> </u>	ı	

Mike a Cheese BB TS

Floyd County Health Department Inspection Notes Gode# 198 C/NG 19								
PIC:								
CFH:								
Health Policy Y - N Food Code: Y - Email:	·N							
Email:								
· ·								
								